



TEXAS DEPARTMENT OF HEALTH
AUSTIN TEXAS
INTER-OFFICE

TO: WIC Regional Directors
WIC Local Agency Directors

FROM: Barbara Keir, M.A., R.D., Director {Original Signed}
Division of Public Health Nutrition and Education
Bureau of Nutrition Services

DATE: May 9, 2003

SUBJECT: R.D. Conference Call Scheduled for Tuesday, May 20, 2003

The next formula conference call is scheduled for May 20, 2003. This conference call will be for registered dietitians only. There will be a repeat of this conference call on June 17, 2003, for certifying authorities. The purpose of this conference call is to review the use of developmental readiness for feeding the premature infant. Please have the pamphlet, *Feeding Your Premature Baby Step by Step*, available for reference during the conference call. We will also be discussing how local agencies are handling the issuance of cereal to premature infants and what counseling is provided to these infants.

Attached to this memo are three handouts that will be used in the conference including: "Instructions for Counseling with the Pamphlet, "Feeding Your Premature Baby Step by Step"; "Adjusting an Infant's Age for Premature Birth" and "Definition of Terms".

To connect to the conference call on May 20, 2003, dial 512/ 463-1928. Then enter 1501518#. Don't forget to enter the pound sign at the end.

Projects # 1- 53 are assigned from 10:00 - 11:30 a.m.

Projects # 52-106 are assigned from 12:00 - 1:30 p.m.

If you have any particular issues that you would like to have addressed at this conference call, you may email Roxanne Robison, R.D., Nutrition Consultant for Children with Special Health Care Needs, at Roxanne.Robison@tdh.state.tx.us or contact Patti Fitch, R.D., WIC Clinical Nutrition Coordinator, at 512/ 458-7111, extension 3598.

Information concerning conference calls can be found at the link below:
Scroll down to "Formula Conference Calls" for information about the schedule
<http://www.tdh.state.tx.us/wichd/tng/t-dates.htm>

Instructions for Counseling With the Pamphlet, “Feeding Your Preterm Baby Step by Step”

Example:

Mom tells you her infant was born at “27 weeks”.

You will need to have the pamphlet, *Feeding Your Preterm Baby Step by Step* and the handout, *Adjusting an Infant’s Age for Premature Birth*

1. Looking at the handout, “Adjusting an Infant’s Age for Premature Birth”, you see that in infant born at 27 weeks gestation was born 13 weeks early (40 weeks for a term infant – 27 weeks of actual gestation). According to the handout, 13 weeks early is the same as 3 months premature.

Note: (this is determined by 4.3 weeks per month or 52 weeks in a year divided by 12 months = 4.3)

2. Now, look at the pamphlet and begin to fill in the blanks under the, “When your baby is” column. In this example, you would start with “3” months since this baby was born 3 months early.
3. On the first box only, add 3 months to the first number you just filled in so that it would read “3 to 6 months old”.
4. In the next box, start with the next consecutive number, in this case it would be 7. Then add 2 months, so that it reads, “ 7 to 9 months old”. The next box would read, “10 to 12 months old”, etc.
5. Now, determine the baby’s **chronological age**. This can be done by looking at a calendar and counting the number of weeks, or by the following example:

Today’s date:	02	02	07	(February 7, 2002)
Birth Date:	-	01	07	24 (July 24, 2001)
Chronological age			06	13 (6 ½ months old)

6. In this example, the baby is 6 ½ months old. So, you would begin counseling the mother using the first row across the top (since he has not yet completed his 6th month of chronological age). He is the corrected age of a birth to 3-month-old infant.
7. Remember, not all preterm infant develop at the same rate so always ask the caretaker questions from the, “When he does this” column to determine what developmental level the baby is currently at. In this example, since the baby is 6 ½ month old, you should ask, “Can your baby sit with help?” etc, etc...

Adjusting an Infant's Age for Premature Birth

An infant born at this many weeks gestation	Was born this many weeks early	Or this many months early	And can be rounded to this amount
36	4	1	1
35	5	1.25	1
34	6	1.50	2
33	7	1.75	2
32	8	2	2
31	9	2.25	2
30	10	2.50	2
29	11	2.75	3
28	12	3	3
27	13	3.25	3
26	14	3.50	3
25	15	3.75	4
24	16	4	4
23	17	4.25	4

Definitions of Terms

Adjusted Age – (Also known as corrected age) - the age of the infant minus the number of weeks premature.

Chronological Age – the age of an infant from birth to the present. Chronological age is sometimes called postnatal age.

Corrected Age – see adjusted age

Endotracheal tube – a large bore catheter inserted through the mouth or nose and into the trachea to a point above the bifurcation of the trachea proximal to the bronchi. It is used for delivering oxygen under pressure when ventilation must be totally controlled.

Extrusion reflex – a normal response in infants- to force the tongue outward when it is touched or depressed. The reflex begins to disappear by about 3 or 4 months of age. Before it fades, food must be placed well back in the mouth to be retained and swallowed

Gag reflex – a normal neural reflex elicited by touching the soft palate or posterior pharynx, the response being symmetrical elevation of the palate, retraction of the tongue, and contraction of the pharyngeal muscles

Gestational Age – the number of completed weeks that have elapsed from the first day of the last normal menstrual period and the date the infant was delivered, normally 38 to 42 weeks.

Hyperactive gag response – Gagging may be elicited to a wide variety of food tastes, textures, or even smells that are new and unfamiliar to the child. This type of hypersensitive gag may be observed in children who have had a period of nonoral feeding such as gastrostomy tube feeding.

Palmomental reflex – a reflex elicited by scratching the palm of the hand at the base of the thumb, characterized by contraction of the muscles of the chin and corner of the mouth on the same side of the body as the stimulus. Begins to disappear at about 3-4 months

Phasic bite reflex – a swift involuntary biting action that may be triggered by stimulation of the oral cavity. Begins to disappear at about 3-4 months

Rooting reflex – A normal response in newborns when the cheek is touched or stroked along the side of the mouth to turn the head toward the stimulated side and to begin to suck. The reflex normally disappears by 3 to 4 months of age.

Sucking reflex – involuntary sucking movements of the circumoral area in newborns in response to stimulation.

Tongue thrust – strong abnormal protrusion of the tongue in response to oral stimulation

Tonic bite reflex – strong abnormal jaw closure when teeth and gums are stimulated